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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	See Attachment A
	Filing Date	See Attachment A
	First Named Inventor	See Attachment A
	Art Unit	See Attachment A
	Examiner Name	See Attachment A
	Attorney Docket Number	See Attachment A

<b>I hereby revokes all previous powers of attorney given in the above-identified application.</b>																				
<p><input type="checkbox"/> A Power of Attorney is submitted herewith.</p> <p><b>OR</b></p> <p><input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: <b>75436</b></p>																				
<p><input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to:</p> <p><input checked="" type="checkbox"/> The address associated with Customer Number: <b>75436</b></p> <p><b>OR</b></p> <table> <tr> <td><input type="checkbox"/> Firm or Individual Name:</td> <td>Sean D. Detweller, Esq. Morse, Barnes-Brown &amp; Pendleton, P.C.</td> </tr> <tr> <td>Address:</td> <td>1601 Trapelo Road Suite 205</td> </tr> <tr> <td>City:</td> <td>Waltham</td> </tr> <tr> <td>Country:</td> <td>USA</td> <td>State:</td> <td>Massachusetts</td> <td>Zip:</td> <td>02451</td> </tr> <tr> <td>Telephone:</td> <td>(781) 622-5930</td> <td>Email:</td> <td colspan="3">sdetweller@mbbp.com</td> </tr> </table>			<input type="checkbox"/> Firm or Individual Name:	Sean D. Detweller, Esq. Morse, Barnes-Brown & Pendleton, P.C.	Address:	1601 Trapelo Road Suite 205	City:	Waltham	Country:	USA	State:	Massachusetts	Zip:	02451	Telephone:	(781) 622-5930	Email:	sdetweller@mbbp.com		
<input type="checkbox"/> Firm or Individual Name:	Sean D. Detweller, Esq. Morse, Barnes-Brown & Pendleton, P.C.																			
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City:	Waltham																			
Country:	USA	State:	Massachusetts	Zip:	02451															
Telephone:	(781) 622-5930	Email:	sdetweller@mbbp.com																	
<p>I am the:</p> <p><input type="checkbox"/> Applicant/Inventor</p> <p><input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(d) is enclosed. (Form PTO/SB/96)</p>																				
<p align="center"><b>SIGNATURE of Applicant or Assignee of Record</b></p> <p><i>[Signature]</i></p>																				
Signature																				
Name:	Steve A. Herweck, Chief Executive Officer																			
Date:	6/15/10	Telephone: (603) 880-1433																		
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> *Total of <b>1</b> forms are submitted.</p>																				